

Library of California

CALIFORNIA STATE LIBRARY

Documentation of Interim Eligibility

Participation in the Expanded Interlibrary Loan Pilot Program to Reimburse Eligible California Libraries
for Loans to Other California Libraries

Name of library jurisdiction or institution (college, corporation, hospital, school district, etc.):

Mailing address:

Telephone:

Fax

Contact:

Name of participating library:

Address:

County:

Telephone:

Fax

Contact:

1. In one or two sentences, summarize the library's service objectives:

2. Days / hours of library service at participating library:

3. Library collection

a. Number of titles: _____

b. Collection organized by (please check):

☐ Dewey ☐ Library of Congress

☐ Other; please specify: _____

c. Collection accessed by (please check):

☐ Card catalog ☐ Book catalog ☐ Online catalog CD-ROM catalog

☐ Other; please specify: _____

(OVER)

4. Name of designated, onsite paid staff member
in charge of library services: _____

Qualifications of staff member (please check):

- ☐ Master degree in library or information science
- ☐ California library media teacher credential issued by the Commission on
Teacher Credentialing
- ☐ Equivalent graduate education; please specify:

☐ Demonstrated professional experience; please specify:

5. Established funding source (please specify):

Dedicated funding base

Allocation by governing board/administrative authority

Other; please specify: _____

6.

- The agency applies for participation in this Library of California program on behalf of this library.
- The agency certifies that the information provided is accurate.
- The agency agrees not to reduce funding for library services as a result of participation in this program.

Signature _____

(appropriate administrative authority)

(name)

(title)

(date)